

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/914394

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED ..		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
6		0		1		
7		1		1		
8		0		1		
9		1		1		
10		0		1		
11		1		1		
12		0		1		
13		1		1		
14		0		1		
15		0		1		
16				1		
17				1		
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50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			25			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS